

### **Instructions: Service Continuation Requests-TBI Waiver**

The completion of the PAS and Rancho is required annually to ensure that the member is still medically eligible to receive services for the TBI Waiver Program. When circumstances occur that prevent the medical reevaluation from being completed prior to the member's anchor date, the Case Management Agency (CMA) will need to request a continuation of services allowing the member to continue to receive TBI Waiver services. When such a request is approved, the Service Continuation grace period will allow additional time for scheduling an annual medical reevaluation conducted by the ASO.

The WEST VIRGINIA TBI WAIVER REQUEST TO CONTINUE SERVICES form must be completed and submitted to APS Healthcare by secure fax (866-607-9903) or secure email to [wvtbiwaiver@apshealthcare.com](mailto:wvtbiwaiver@apshealthcare.com) . Requests made in any other form or manner will not be reviewed.

#### **Filling out the Form:**

- a. Date Request is submitted: The date the form is faxed or emailed to APS Healthcare
- b. Name of Person submitting the request: Name of the Case Manager
- c. Provider Agency: Include the name of the Case Management Agency and location
- d. Contact Information: Case Manager's phone number and extension and email address
- e. Member Name: First Name, Middle Initial and Last Name
- f. Anchor Date: Place the member's anchor date here. The member's anchor date can be located on the Prior Authorization Notice Date Range
- g. Enrollment Date: Place the member's enrollment date here. The member's enrollment date can be located on the Member Enrollment Confirmation Notice
- h. The Case Manager would check the box "Eligibility extension request" and include the expiration date and the number of requested days for the extension
- i. Use the box below this section to briefly describe the reason for the request
- j. The remaining portion of the form is completed by the ASO

The ASO will complete its review and make one of three decisions:

1. Approved with date extension provided
2. Not Approved
3. Request for Additional Documentation

The ASO staff will send the completed form back to the person(s) who requested the service continuation.